

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 26, 2017

#### Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2017 ETC Annual Report of Star Telephone Membership Corporation

Study Area Code 230502

Dear Ms. Dortch:

On behalf of Star Telephone Membership Corporation ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the Company's outage reporting as required by Section 54.313.<sup>3</sup>

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President 301-459-7590

jkuykendall@jsitel.com

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>&</sup>lt;sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313.



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June 26, 2017

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2017 ETC Annual Report of Star Telephone Membership Corporation

Study Area Code 230502 Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Star Telephone Membership Corporation (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules, <sup>1</sup> withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

- 1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").
- 2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must report outage information which is contained in an attachment to the 2017 ETC Annual Report.
- 3. The information contained in the attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's outages provided at FCC Form 481 Line 200 attachment, Service Outage Reporting. Information of this nature is confidential commercial information routinely withheld from public inspection.
- 4. With respect to identifying the degree to which the outage data contained in the Line 200 attachment concerns a service that is subject to competition, the information pertains to the network and operations of a telecommunications company that has competitors that could benefit if they were able to have access to this information.

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>&</sup>lt;sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>&</sup>lt;sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

- 5. With respect to identifying possible exposure to competitive harm, the information contained in the subject attachment is information that is not customarily released to the public. Outage information is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors which would place the Company at a competitive disadvantage.
- 6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the outage attachment under seal. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
- 7. Any previous versions of this information are not publicly available.
- 8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- 9. The Commission has previously concluded that there is a presumptive likelihood of substantial competitive harm from disclosure of outage information. The Commission also determined the disclosure of outage reporting information to the public could present an unacceptable risk of more effective terrorist activity and could therefore result in potential harm to the public and the national defense.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's outage data provided at FCC Form 481 Line 200 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall JSI Vice President 301-459-7590

jkuykendall@jsitel.com

Ih Klandell

**JSI** 

<sup>&</sup>lt;sup>4</sup> See In the Matter of New Part 4 of the Commission's Rules Concerning Disruptions to Communications, ET Docket No. 04-35, Report and Order and Further Notice of Proposed Rulemaking, FCC 04-188, rel. Aug. 19, 2004, para. 45.

# FCC Form 481 - Carrier Annual Reporting REDACTED FOR PUBLIC INSPECTION OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form

| <010> | Study Area Code   | 230502               |
|-------|---|----------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |
| <020> | Program Year  | 2018                 |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Donna Bullard        |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9105647862 ext.      |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | dcbullard@stmc.net   |
|       | Form Type   | 54.313 and 54.422    |

| (200) Service Outage Reporting (Voice) | FCC Form 481   |
|--|--|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| Data Colle | ection Form                 |                      |                      |                    |                 |                                 |                 |                            |                                      | 1B Control No. 3060<br>2013                       | -0986/OMB Control N | o. 3060-0819 |
|------------|-----------------------------|----------------------|----------------------|--------------------|-----------------|---------------------------------|-----------------|----------------------------|--------------------------------------|---|---------------------|--------------|
| <010>      | Study Area Co               | ode                  |                      |                    |                 | 230502                          |                 |                            |                                      |   |                     |              |
| <015>      | Study Area Na               | ame                  |                      |                    |                 | STAR MEMBER                     | SHIP CORP       |                            |                                      |   |                     |              |
| <020>      | Program Year                |                      |                      |                    |                 | 2018                            |                 |                            |                                      |   |                     |              |
| <030>      | Contact Name                | e - Person USAC      | should contac        | t regarding this   | data            | Donna Bulla                     |                 |                            |                                      |   |                     |              |
| <035>      | Contact Telep               | hone Number          | - Number of pe       | rson identified    | in data line <0 | 30> 9105647862                  | ext.            |                            |                                      |   |                     |              |
| <039>      | Contact Email               | Address - Ema        | il Address of pe     | erson identified   | in data line <0 | 30> dcbullard@s                 | tmc.net         |                            |                                      |   |                     |              |
| <210>      | For the prior               | r calendar yea       | ar, were there       | any reportal       | ole voice serv  | ice outages?                    | Yes             |                            |                                      |   |                     |              |
| <220>      | <a></a>                     | <b1></b1>            | <b2></b2>            | <b3></b3>          | <b4></b4>       | <c1></c1>                       | <c2></c2>       | <d></d>                    | <e></e>                              | <f></f>   | <g></g>             | <h></h>      |
|            | NORS<br>Reference<br>Number | Outage Start<br>Date | Outage Start<br>Time | Outage End<br>Date | _               | Number of<br>Customers Affected | Total Number of | 911 Facilities<br>Affected | Service Outage<br>Description (Check | Did This Outage<br>Affect Multiple<br>Study Areas | Service Outage      | Preventative |
|            |                             |                      |                      |                    |                 |                                 | Customers       | (Yes / No)                 | all that apply)                      | (Yes / No)  | Resolution          | Procedures   |
|            |                             |                      |                      |                    |                 |                                 |                 |                            |                                      |   |                     |              |
|            |                             |                      |                      |                    |                 |                                 |                 |                            |                                      |   |                     |              |
|            |                             |                      |                      |                    |                 | (                               | See attached    |                            |                                      |   |                     |              |
|            |                             |                      |                      |                    |                 | WO                              | rksheet         |                            |                                      |   |                     |              |
|            |                             |                      |                      |                    |                 |                                 |                 |                            |                                      |   |                     |              |

| (300) Unfulfilled Service Request  Data Collection Form  OMB Control No. 3060-0986/C July 2013 |                           |  |  |  |  |
|--|---------------------------|--|--|--|--|
|  |                           |  |  |  |  |
| <010> Study Area Code  | 230502                    |  |  |  |  |
| <015> Study Area Name  | STAR MEMBERSHIP CORP      |  |  |  |  |
| <020> Program Year   | 2018                      |  |  |  |  |
| <030> Contact Name - Person USAC should contact regarding this data                            | Donna Bullard             |  |  |  |  |
| <035> Contact Telephone Number - Number of person identified in data line <030>                | 9105647862 ext.           |  |  |  |  |
| <039> Contact Email Address - Email Address of person identified in data line <030>            | dcbullard@stmc.net        |  |  |  |  |
| <300> Unfulfilled service request (voice)  | 0                         |  |  |  |  |
| <310> Detail on attempts (voice)   |                           |  |  |  |  |
| Nam  | e of Attached Document    |  |  |  |  |
| <320> Unfulfilled service request (broadband)  | 0                         |  |  |  |  |
| <330> Detail on attempts (broadband)   | Jame of Attached Document |  |  |  |  |

| (400) Number of Complaints per 1,000 customers | FCC Form 481  |
|--|---|
| Data Collection Form                           | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code 230502   |
|-------|--|
| <015> | Study Area Name STAR MEMBERSHIP CORP   |
| <020> | Program Year 2018  |
| <030> | Contact Name - Person USAC should contact regarding this data  Donna Bullard   |
| <035> | Contact Telephone Number - Number of person identified in data line <a href="https://doi.org/10.5647862"><a href="https://doi.org/10.5647862">&gt;<a href="https://doi.org/10.564782">&gt;<a href="https://doi.org/10.564782">&gt;</a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a> |

| •       | npliance With Service Quality Standards and Consumer Protection Rules ection Form |                      | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|---------|---|----------------------|--|--|--|
| <010>   | Study Area Code   | 230502               |  |  |  |
| <015>   | Study Area Name   | STAR MEMBERSHIP CORP |  |  |  |
| <020>   | Program Year  | 2018                 |  |  |  |
| <030>   | Contact Name - Person USAC should contact regarding this data                     | Donna Bullard        |  |  |  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>         | 9105647862 ext.      |  |  |  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>     | dcbullard@stmc.net   |  |  |  |
| <500>   | Certify compliance with applicable service quality standards and consumer pro     | otection rules Yes   |  |  |  |
|         |   | 230502nc510.pdf      |  |  |  |
| <510>   | Descriptive document for Service Quality Standards & Consumer Protection Ru       | ales Compliance      |  |  |  |
| <515> ( | Certify compliance with applicable minimum service standards                      |                      |  |  |  |

|       | unctionality in Emergency Situations R                                  | REDACTED FOR PUBLIC INSPECTION | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|--------------------------------|--|
| <010> | Study Area Code   | 230502                         |  |
| <015> | Study Area Name   | STAR MEMBERSHIP CORP           |  |
| <020> | Program Year  | 2018                           |  |
| <030> | Contact Name - Person USAC should contact regarding this data           | Donna Bullard                  |  |
| <035> | Contact Telephone Number - Number of person identified in data li       | ne <030> 9105647862 ext.       |  |
| <039> | Contact Email Address - Email Address of person identified in data I    | ine <030> dcbullard@stmc.net   |  |
| <600> | Certify compliance regarding ability to function in emergency situation | ons Yes                        |  |
| <610> | Descriptive document for Functionality in Emergency Situations          | 230502nc610.pdf                |  |

| (700) Price Offerings including Voice Rate Data   |                               | FCC Form 481   |
|---|-------------------------------|--|
| Data Collection Form  |                               | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010> Study Area Code   | 230502                        |  |
| <015> Study Area Name   | STAR MEMBERSHIP CORP          |  |
| <020> Program Year  | 2018                          |  |
| <030> Contact Name - Person USAC should contact regarding this data   | Donna Bullard                 |  |
| <035> Contact Telephone Number - Number of person identified in data l  | ine <030> 9105647862 ext.     |  |
| <039> Contact Email Address - Email Address of person identified in data  | line <030> dcbullard@stmc.net |  |
| <701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge |                               |  |

| 703> | <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                      |
|------|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|------------------------------|
|      |           |                 |            |           | Residential Local |                              |                             | Mandatory Extended Area |                              |
| -    | State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fee |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
| -    |           |                 |            |           |                   |                              |                             |                         |                              |
| -    |           |                 |            |           |                   |                              |                             |                         |                              |
| ŀ    |           |                 |            |           |                   |                              |                             |                         |                              |
| L    |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           | Soo of            | tached worksheet             |                             |                         |                              |
| -    |           |                 |            |           | <del>See al</del> | <del>lached worksheet</del>  |                             |                         |                              |
| -    |           |                 |            |           |                   |                              |                             |                         |                              |
| -    |           |                 |            |           |                   |                              |                             |                         |                              |
| L    |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
| -    |           |                 |            |           |                   |                              |                             |                         |                              |
| }    |           |                 |            |           |                   |                              |                             |                         |                              |
| }    |           |                 |            |           |                   |                              |                             |                         |                              |
| L    |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 |            |           |                   |                              |                             |                         |                              |
|      |           |                 | _          |           |                   |                              |                             |                         |                              |
| -    |           |                 |            |           |                   |                              |                             |                         |                              |
| L    |           |                 |            |           |                   |                              |                             |                         |                              |

| (710) Broadbrand Price Offerings | FCC Form 481  |
|----------------------------------|---|
| Data Collection Form             | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                  | July 2013   |

| <010> | Study Area Code 2   | 30502                |
|-------|---|----------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |
| <020> | Program Year  | 2018                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Donna Bullard        |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9105647862 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net   |

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>        | <b2></b2>                   | <c></c>             | <d1></d1>                             | <d2></d2>                                  | <d3></d3>       | <d4></d4>  |
|-------|-----------|-----------------|------------------|-----------------------------|---------------------|---------------------------------------|--|-----------------|--|
| (711) | State     | Exchange (ILEC) | Residential Rate | State Regulated             | Total Rate and Fees | Broadband Service -<br>Download Speed | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance | Usage Allowance Action Taken When Limit Reached { select } |
|       |           |                 |                  |                             |                     | ( ,, ,                                |  | ζ= ,            |  |
|       |           |                 |                  |                             |                     |                                       |  |                 |  |
|       |           |                 |                  | 0                           |                     |                                       |  |                 |  |
|       |           |                 | ,                | - See attacl<br>worksheet - | ned                 |                                       |  |                 |  |
|       |           |                 |                  |                             |                     |                                       |  |                 |  |
|       |           |                 |                  |                             |                     |                                       |  |                 |  |
|       |           |                 |                  |                             |                     |                                       |  |                 |  |
|       |           |                 |                  |                             |                     |                                       |  |                 |  |

|       | erating Companies<br>lection Form |   |                      | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|-------|-----------------------------------|---|----------------------|---|
|       |                                   |   |                      | July 2013   |
| <010> | Study Area Code                   |   | 230502               |   |
| <015> | Study Area Name                   |   | STAR MEMBERSHIP CORP |   |
| <020> | Program Year                      |   | 2018                 |   |
| <030> | Contact Name - Person             | USAC should contact regarding this data               | Donna Bullard        |   |
| <035> | Contact Telephone Num             | nber - Number of person identified in data line <030> | 9105647862 ext.      |   |
| <039> | Contact Email Address -           | Email Address of person identified in data line <030> | dcbullard@stmc.net   |   |
| <810> | Reporting Carrier                 | Star Telephone Membership Corporation                 |                      |   |
| <811> | Holding Company                   | Star Telephone Membership Corporation                 |                      |   |
| <812> | Operating Company                 | Star Telephone Membership Corporation                 |                      |   |

| <813>    | <a1></a1>  | <a2></a2>     | <a3></a3>                                      |
|----------|------------|---------------|--|
|          | Affiliates | SAC           | Doing Business As Company or Brand Designation |
| -        |            |               |  |
| -        |            |               |  |
| =        |            |               |  |
| -        | See atta   | ached workshe | et   |
| -        |            |               |  |
| =        |            |               |  |
| -        |            |               |  |
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| -        |            |               |  |
| <u>-</u> |            |               |  |
|          |            |               |  |

| (900) Tri      | bal Lands Reporting  |                             | FCC Form 481   |
|----------------|--|-----------------------------|--|
| Data Col       | lection Form   |                             | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|                |  |                             | July 2013  |
| <010>          | Study Area Code  | 230502                      |  |
| <015>          | Study Area Name  | STAR MEMBERSHIP CORP        |  |
| <020>          | Program Year   | 2018                        |  |
| <030>          | Contact Name - Person USAC should contact regarding this data  | Donna Bullard               |  |
| <035>          | Contact Telephone Number - Number of person identified in data line <030>  | 9105647862 ext.             |  |
| <039>          | Contact Email Address - Email Address of person identified in data line <030>  | dcbullard@stmc.net          |  |
| <900>          | Does the filing entity offer tribal land services? (Y/N)   | No                          |  |
| <910>          | Tribal Land(s) on which ETC Serves   |                             |  |
| <920>          | Tribal Government Engagement Obligation  | Name of Attached            | Document   |
| If your c      | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes  |                             |  |
| -              | rm the status described on the attached PDF, on line 920,  | <u> </u>                    |  |
|                | trates coordination with the Tribal government pursuant to   | Select                      |  |
|                | B(a)(9) includes:  | Yes or No or Not Applicable |  |
| <921><br><922> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; | Пот Аррисане                |  |
| <923>          | Marketing services in a culturally sensitive manner;   |                             |  |
| <924>          | Compliance with Rights of way processes  |                             |  |
| <925>          | Compliance with Land Use permitting requirements   |                             |  |
| <926>          | Compliance with Facilities Siting rules  |                             |  |
| <927>          | Compliance with Environmental Review processes   |                             |  |
| <928>          | Compliance with Cultural Preservation review processes   |                             |  |
| <929>          | Compliance with Tribal Business and Licensing requirements.  |                             |  |
| \J_J/          | Compliance with Tribai business and Electising requirements.   |                             |  |
|                |  |                             |  |

| (4000) 14 |  |     | TO BEIGHIOLEGIAM  |
|-----------|--|-----|---|
|           | oice and Broadband Service Rate Comparability                                |     | FCC Form 481  |
| Data Coll | ection Form  |     | OMB Control No. 3060-0986/OMB Control No. 3060-0819   |
|           |  |     | July 2013   |
|           |  |     |   |
| <010>     | Study Area Code  |     | 230502  |
| <015>     | Study Area Name  |     | STAR MEMBERSHIP CORP  |
| <020>     | Program Year   |     | 2018  |
| <030>     | Contact Name - Person USAC should contact regarding this data                |     | Donna Bullard   |
| <035>     | Contact Telephone Number - Number of person identified in data line <0       | 30> | 9105647862 ext.   |
| <039>     | Contact Email Address - Email Address of person identified in data line <0   | 30> | dcbullard@stmc.net  |
|           |  |     |   |
| <1000>    | Voice services rate comparability certification                              | Yes |   |
| <1010>    | Attach detailed description for voice services rate comparability compliance |     |   |
|           | <del>-</del>   |     | Name of Attached Document   |
| <1020>    | Broadband comparability certification  |     | - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau |
| <1030>    | Attach detailed description for broadband comparability compliance           |     |   |
|           | •  |     | Name of Attached Document   |

| (1100) N | o Terrestrial Backhaul Reporting   | FCC Form 481     |  |
|----------|--|------------------|--|
| Data Col | lection Form   |                  | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010>    | ,  | 230502           |  |
| <015>    | •  | STAR MEMBERSHIP  | IP CORP  |
| <020>    |  | 2018             |  |
| <030>    | Contact Name - Person USAC should contact regarding this data  | Donna Bullard    |  |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>  | 9105647862 ext.  | t.   |
| <039>    | Contact Email Address - Email Address of person identified in data line <030>  | dcbullard@stmc.n | ic.net   |
| <1100>   | Certify whether terrestrial backhaul options exist (Y/N)   | Yes              |  |
| <1130>   | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g). | dbps             |  |

| (1200) Te        | erms and Condition for Lifeline Customers                                      |                      | FCC Form 481  |
|------------------|--|----------------------|---|
| Lifeline         |  |                      | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| <b>Data Coll</b> | ection Form  |                      | July 2013   |
| •                |  |                      |   |
| <010>            | Study Area Code  | 230502               |   |
| <015>            | Study Area Name  | STAR MEMBERSHIP CORP |   |
| <020>            | Program Year   | 2018                 |   |
| <030>            | Contact Name - Person USAC should contact regarding this data                  | Donna Bullard        |   |
| <035>            | Contact Telephone Number - Number of person identified in data line <030       | 9105647862 ext.      |   |
| <039>            | Contact Email Address - Email Address of person identified in data line <030   | > dcbullard@stmc.net |   |
|                  |  | 230502nc1210.pdf     |   |
|                  |  | 230302Mc1210.pdf     |   |
| 4040             | T 0.0 IV. T. I. I. IV. IV.   |                      |   |
| <1210>           | Terms & Conditions of Voice Telephony Lifeline Plans                           |                      |   |
|                  |  |                      |   |
|                  |  |                      | Name of Attached Document                           |
| .4220:           |  |                      |   |
| <1220>           | Link to Public Website HTTP  |                      |   |
|                  | <del>-</del>   |                      |   |
| "Plaasa c        | heck these boxes below to confirm that the attached document(s), on line 1210, |                      |   |
|                  | bsite listed, on line 1220, contains the required information pursuant to      |                      |   |
|                  | ·  |                      |   |
|                  | (a)(2) annual reporting for ETCs receiving low-income support, carriers must   |                      |   |
| annually         | report:  |                      |   |
| <1221>           | Information describing the terms and conditions of any voice                   |                      |   |
| 112217           | telephony service plans offered to Lifeline subscribers,                       |                      |   |
|                  |  |                      |   |
| 412225           | Details on the number of minutes provided as part of the plan                  |                      |   |
| <1222>           | Details on the number of minutes provided as part of the plan,                 |                      |   |
|                  |  |                      |   |
| <1223>           | Additional charges for toll calls, and rates for each such plan.               |                      |   |
|                  | - · · · · · · · · · · · · · · · · · · ·  |                      |   |

| Data Col | rice Cap Carrier Additional Documentation<br>lection Form<br>Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers |                      | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------|--|----------------------|---|
| <010>    | Study Area Code  | 230502               |   |
| <015>    | Study Area Name  | STAR MEMBERSHIP CORP |   |
| <020>    | Program Year   | 2018                 |   |
| <030>    | Contact Name - Person USAC should contact regarding this data  | Donna Bullard        |   |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>  | 9105647862 ext.      |   |
| <039>    | Contact Email Address - Email Address of person identified in data line <030>  | dcbullard@stmc.net   |   |
|          |  |                      |   |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## **Incremental Connect America Phase I reporting**

| <2011>  | 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.   |   |  |
|---------|---|---|--|
| <2022>  | Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. |   |  |
| <2023>  | The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.   |   |  |
| <2024A> | Round 2 Recipient of Incremental Support?   |   |  |
| <2024B> | Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.  | Name of Attached Document Listing Required Information    |  |
| <2025A> | Round 2 Recipient of Incremental Support?   |   |  |
| <2025B> | Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).  | Name of Attached Document Listing<br>Required Information |  |
| <2015>  | 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)  |   |  |

| (2005) Price Cap  | Carrier Additional Documentation   | FCC Form 481  |                                       |
|-------------------|--|---|---------------------------------------|
| Data Collection F | Form   |   | . 3060-0986/OMB Control No. 3060-0819 |
| Including Rate-of | f-Return Carriers affiliated with Price Cap Local Exchange Carriers  | July 2013   |                                       |
| Price Ca          | p Carrier Connect America ICC Support {47 CFR § 54.313(d)}   |   |                                       |
| <2016>            | Certification support used to build broadband  |   |                                       |
| Connect           | America Phase II Reporting {47 CFR § 54.313(e)}  |   |                                       |
| <2017A>           | Connect America Fund Phase II recipient?   |   |                                       |
| <2017C>           | Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.   |   |                                       |
| <2018>            | Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)   | Name of Attached Document Listing<br>Required Information |                                       |
| <2019>            | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C) |   |                                       |

| (3005) Rate Of Return Carrier Additional Documentation | FCC Form 481  |
|--|---|
| Data Collection Form                                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 230502               |
|-------|---|----------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |
| <020> | Program Year  | 2018                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Donna Bullard        |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9105647862 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net   |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   |                                     |            |                |                  |
|---------|--|-------------------------------------|------------|----------------|------------------|
|         |  |                                     | Yes - At   | tach Certific  | cation           |
| (3010A) | Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}  |                                     |            |                | 230502NC3010.pdf |
| (3010B) | Please Provide Attachment  | Name of Attached Doo<br>Information | cument Lis | ting Required  |                  |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}  | No - No New Community               | y Anchors  | \$             |                  |
| (3012B) | Please Provide Attachment  | Name of Attached Doo<br>Information | cument Lis | sting Required |                  |
| (3013)  | Is your company a Privately Held ROR Carrier {47 CFR   |                                     | •          | $\circ$        |                  |
| (3014)  | § 54.313(f)(2)} If yes, does your company file the RUS annual report   | (Yes/No)                            | 0          | $\odot$        |                  |
| (3015)  | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   |                                     |            |                |                  |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   |                                     | L          |                |                  |
| (3017)  | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  | Name of Attached Doo<br>Information | cument Lis | ting Required  |                  |
| (3018)  | If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | (Yes/No)                            | •          | O              |                  |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  |                                     |            | V              |                  |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:  |                                     |            | ·              |                  |
| (3022)  | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers   |                                     |            |                |                  |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   |                                     |            |                |                  |
| (3024)  | Underlying information subjected to an officer certification.  |                                     |            |                | ]                |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   |                                     |            |                | 230502nc3026.pdf |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Doo<br>Information | cument Lis | iting Required | _                |

#### REDACTED FOR PUBLIC INSPECTION (3005) Rate Of Return Carrier Additional Documentation (Continued) FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| <010> | Study Area Code   | 230502               |
|-------|---|----------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |
| <020> | Program Year  | 2018                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Donna Bullard        |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9105647862 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net   |

| Financial Data Summary                  |
|---|
| (3027) Revenue                          |
| (3028) Operating Expenses               |
| (3029) Net Income                       |
| (3030) Telephone Plant In Service(TPIS) |
| (3031) Total Assets                     |
| (3032) Total Debt                       |
| (3033) Total Equity                     |
| (3034) Dividends                        |
|   |

Data Collection Form

| (4005) Rural Broadband Experiment Additional Documentation Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---|---|
|   | July 2013   |

| <010> | Study Area Code   | 230502                      |
|-------|---|-----------------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP        |
| <020> | Program Year  | 2018                        |
| <030> | Contact Name - Person USAC should contact regarding this data         | Donna Bullard               |
| <035> | Contact Telephone Number - Number of person identified in data lir    | ne <030> 9105647862 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data li | ne <030> dcbullard@stmc.net |

## 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

## Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

## Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

#### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

| yes to loos, y picuse provide a response to litera   |  |  |
|--|--|--|
| <b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.               | Name of Attached Document Listing Required Information |  |
| Broadband Deployment Locations – FCC 14-98 (par  | agraph 80)   |  |
| <b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.                            | Name of Attached Document Listing Required Information |  |
| <b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband | Name of Attached Document Listing Required Information |  |

| Certification - Reporting Carrier | FCC Form 481  |
|-----------------------------------|---|
| Data Collection Form              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                   | July 2013   |

| <010> | Study Area Code   | 230502               |
|-------|---|----------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |
| <020> | Program Year  | 2018                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Donna Bullard        |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9105647862 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net   |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Page 19

|       | ion - Agent / Carrier<br>ection Form  |                      | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|----------------------|--|
| <010> | Study Area Code   | 230502               |  |
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |  |
| <020> | Program Year  | 2018                 |  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Donna Bullard        |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9105647862 ext.      |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net   |  |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) <u>John Staurulakis</u> , <u>Inc.</u> also certify that I am an officer of the reporting carrier; my ragent; and, to the best of my knowledge, the reports and da | is authorized to submit the information reported on behalf of the reporting carrier.  sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate. |
|--|---|
| Name of Authorized Agent: John Staurulakis, Inc.   |   |
| Name of Reporting Carrier: STAR MEMBERSHIP CORP  |   |
| Signature of Authorized Officer: CERTIFIED ONLINE  | Date: 06/23/2017  |
| Printed name of Authorized Officer: Lyman Horne  |   |
| Title or position of Authorized Officer: Executive Vice Pr   | sident & General Manager  |
| Telephone number of Authorized Officer: 9105647827 ext.  |   |
| Study Area Code of Reporting Carrier: 230502   | Filing Due Date for this form: 07/03/2017   |
| Persons willfully making false statements on this form can be  | ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on B   | ehalf of Reportir      | ng Carrier                       |
|--|------------------------|----------------------------------|
| , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients   | on behalf of the re    | porting carrier; I have provided |
| the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information report   | ed herein is accurat   | e.                               |
| Name of Reporting Carrier: STAR MEMBERSHIP CORP  |                        |                                  |
| Name of Authorized Agent Firm: John Staurulakis, Inc.  |                        |                                  |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE   | Date:                  | 06/23/2017                       |
| Name of Authorized Agent Employee: Lans Chase  |                        |                                  |
| Title or position of Authorized Agent or Employee of Agent Staff Director - Regulatory   |                        |                                  |
| Telephone number of Authorized Agent or Employee of Agent: 7705692015 ext.1  |                        |                                  |
| Study Area Code of Reporting Carrier: 230502 Filing Due Date for this form: 07/03/2017   |                        |                                  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U  18 of the United States Code, 18 U.S.C. § 1001. | S.C. §§ 502, 503(b), o | fine or imprisonment under Title |

Attachments

| (200) Service<br>Data Collect | e Outage Rep<br>ion Form | orting (Vo                | oice)              |                       |   | REDA                            | ACTED                                       | FOR PUBLIC INSPECTION                                   | FCC Form 481<br>OMB Control N<br>July 2013                      | No. 3060-0986/OMB Cont       | rol No. 3060-081           |
|-------------------------------|--------------------------|---------------------------|--------------------|-----------------------|---|---------------------------------|---|---|---|------------------------------|----------------------------|
| <010> St                      | udy Area Code            | 9                         |                    |                       |   |                                 | 230502                                      |   |   |                              |                            |
| <015> St                      | udy Area Nam             | e                         |                    |                       |   |                                 | STAR MEMB                                   | ERSHIP CORP   |   |                              |                            |
|                               | ogram Year               |                           |                    |                       |   |                                 | 2018  |   |   |                              |                            |
|                               |                          |                           | AC should cont     |                       |   |                                 | Donna Bul<br>910564786                      |   |   |                              |                            |
|                               |                          |                           |                    |                       | ntified in data li<br>Intified in data li | 116 <0302                       | 910564786                                   | z ext.  |   |                              |                            |
|                               |                          |                           |                    |                       |   | service outa                    | dcbullard                                   | Yes   |   |                              |                            |
| <a></a>                       | <b1></b1>                | <b2></b2>                 | <b3></b3>          | <b4></b4>             | <c1></c1>                                 | <c2></c2>                       | <d></d>                                     | <e></e>   | <f></f>   | <g></g>                      | <h></h>                    |
| NORS<br>Reference<br>Number   | Outage Star<br>Date      | Outage<br>t Start<br>Time | Outage End<br>Date | Outage<br>End<br>Time | Number of<br>Customers<br>Affected        | Total<br>Number of<br>Customers | 911<br>Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |
|                               |                          |                           |                    |                       |   |                                 |   |   |   |                              |                            |

Star Telephone Membership Corporation's Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection rules for voice and broadband services:

In establishing this certification in its 2005 ETC Order,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." <sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis. <sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement." <sup>4</sup>

Star Telephone Membership Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules for voice and broadband services. The Company is subject to consumer protection obligations under both federal and state law. The obligations for voice services include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints. The obligations for broadband services include, but are not limited to, public disclosure of

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>&</sup>lt;sup>2</sup> *Id.* at para. 28.

<sup>&</sup>lt;sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

accurate information regarding network management practices, performance, and commercial terms of broadband internet access services as a means of providing sufficient information for consumers to make informed choices regarding use of such services and for content, application, service and device providers to develop, market, and maintain internet offerings, in accordance with F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order when it becomes effective.

## Star Telephone Membership Corporation's Demonstration of Ability to Function in Emergency Situations for voice and broadband services:

Star Telephone Membership Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

| (700) Prid | e Offerings including Voice Rate Data | FCC Form 481         |  |  |
|------------|---------------------------------------|----------------------|--|--|
| Data Coll  | ection Form                           |                      | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |
|            |                                       |                      |  |  |
| <010>      | Study Area Code                       | 230502               |  |  |
| <015>      | Study Area Name                       | STAR MEMBERSHID CORD |  |  |

2018

Donna Bullard 9105647862 ext.

dcbullard@stmc.net

<701> Residential Local Service Charge Effective Date 1/1/2017
<702> Single State-wide Residential Local Service Charge

Contact Telephone Number - Number of person identified in data line <030>
Contact Email Address - Email Address of person identified in data line <030>

Contact Name - Person USAC should contact regarding this data

<703>

<020>

<030>

<035>

<039>

Program Year

| <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>                         | <b3></b3>                    | <b4></b4>                   | <b5></b5>                                 | <c></c>                       |
|-----------|-----------------|------------|-----------|-----------------------------------|------------------------------|-----------------------------|---|-------------------------------|
| State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fees |
| NC        | ALL             | (0210)     | FR        | 18.0                              | 0.0                          | 0.0                         | 0.0                                       | 18.0                          |
| 1.0       |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
|           |                 |            |           |                                   |                              |                             |   |                               |
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| (710) Broadband Price Offerings | FCC Form 481  |
|---------------------------------|---|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 | July 2013   |

| <010> | Study Area Code   | 230502               |
|-------|---|----------------------|
| <015> | Study Area Name   | STAR MEMBERSHIP CORP |
| <020> | Program Year  | 2018                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Donna Bullard        |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9105647862 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dcbullard@stmc.net   |

| State   Exchange (ILEC)   Residential Rate   State Regulated Rate   Processing Fees   Total Rates and Fees   Chowload Speed (Mbps)   Glass   Glass   Chook Action Taken Action Taken Chowload Speed (Mbps)   Glass   Chook Action Taken Chowload Speed (Mbps)   Glass   G | <711> | <a1></a1> | <a2></a2>       | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2>      | · <d3></d3> |          | <d4></d4>                           |
|--|-------|-----------|-----------------|-----------|-----------|-------------------|----------------|-------------|----------|-------------------------------------|
| NC       All Exchanges       39.95       0.0       39.95       4.0       0.768       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       49.95       0.0       49.95       6.0       0.768       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       54.95       0.0       54.95       10.0       1.0       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       59.95       0.0       59.95       20.0       2.0       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       79.95       0.0       79.95       50.0       5.0       999999.0       Other, No Limits on Usage Allowance   | ·     | State     | Exchange (ILEC) |           |           |                   | Download Speed |             |          | Action Taken                        |
| NC       49.95       0.0       49.95       6.0       0.768       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       54.95       0.0       54.95       10.0       1.0       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       59.95       0.0       79.95       50.0       50.0       999999.0       Other, No Limits on Usage Allowance         All Exchanges       79.95       0.0       79.95       50.0       5.0       999999.0       Other, No Limits on Usage Allowance   |       | NC        | All Exchanges   | 39.95     | 0.0       | 39.95             | 4.0            | 0.768       | 999999.0 |                                     |
| NC       All Exchanges       59.95       0.0       59.95       20.0       2.0       999999.0       Other, No Limits on Usage Allowance         NC       All Exchanges       79.95       0.0       79.95       50.0       50.0       999999.0       Other, No Limits on Usage Allowance   |       | NC        | All Exchanges   | 49.95     | 0.0       | 49.95             | 6.0            | 0.768       | 999999.0 | Other, No Limits on Usage Allowance |
| NC All Exchanges 59.95 0.0 59.95 20.0 2.0 999999.0 Other, No Limits on Usage Allowance NC All Exchanges 79.95 0.0 79.95 50.0 5.0 999999.0 Other, No Limits on Usage Allowance  |       | NC        | All Exchanges   | 54.95     | 0.0       | 54.95             | 10.0           | 1.0         | 999999.0 |                                     |
| NC 79.95 0.0 79.95 50.0 5.0 999999.0   |       | NC        | All Exchanges   | 59.95     | 0.0       | 59.95             | 20.0           | 2.0         | 999999.0 | Other, No Limits on Usage Allowance |
| NC All Exchanges 99.95 0.0 99.95 100.0 10.0 999999.0 Other, No Limits on Usage Allowance   |       | NC        | All Exchanges   | 79.95     | 0.0       | 79.95             | 50.0           | 5.0         | 999999.0 | Other, No Limits on Usage Allowance |
|  |       | NC        | All Exchanges   | 99.95     | 0.0       | 99.95             | 100.0          | 10.0        | 999999.0 | Other, No Limits on Usage Allowance |
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|       |                            |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|-------|----------------------------|--|---|
|       |                            |  | July 2013   |
| <010> | Study Area Code            |  | 230502  |
| <015> | Study Area Name            |  | STAR MEMBERSHIP CORP                                |
| <020> | Program Year               |  | 2018  |
| <030> | Contact Name - Person USA  | AC should contact regarding this data                | Donna Bullard                                       |
| <035> | Contact Telephone Numbe    | er - Number of person identified in data line <030>  | 9105647862 ext.                                     |
| <039> | Contact Email Address - En | nail Address of person identified in data line <030> | dcbullard@stmc.net                                  |
|       |                            |  |   |
| <810> | Reporting Carrier          | Star Telephone Membership Corporation                |   |
| <811> | Holding Company            | Star Telephone Membership Corporation                |   |
| <812> | Operating Company          | Star Telephone Membership Corporation                |   |

| <813> | <a1></a1>     | <a2></a2> | <a3></a3>                                      |
|-------|---------------|-----------|--|
|       | Affiliates    | SAC       | Doing Business As Company or Brand Designation |
| :     | Star Wireless |           | Star Communications                            |
| •     | StarVision    |           | Star Communications                            |
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#### **GENERAL EXCHANGE TARIFF**

Star Telephone Membership Corporation North Carolina

Section: 3 Sixth Revised Page 1 Effective: April 4, 1990

## 3. BASIC FLAT RATE EXCHANGE SERVICE

#### 3.1 General

The exchange rate schedules are the combination of the local exchange service component and the extended area service component where applicable.

## Local Exchange Service Rate Components

#### 3.2.1 General

- (a) The local exchange service rate components are applied on the basis of The total number of exchange trunks and other equivalents in the local calling area (including Extended Area Service) of the exchange.
- (b) Exchange service areas for each exchange are reflected on exchange service area maps on file with the North Carolina Utilities Commission, N.C. REA and connecting companies.
- (c) The rates for service and equipment not specifically shown in this section are presented in other sections of this tariff.

3.2.2 (D) 3.2.3 A station or telephone is a station connected by means of an individual (M) line with a central office and includes the following: (a) Each central office number. (b) Public coin or public non-coin telephone service. (c) Foreign exchange service where service (the local office end) terminated in a separate telephone set, PBX, Centrex, key system, etc. (d) Mobile telephone service or improved mobile telephone service. (e) Fixed type radio telephone.

Star Telephone Membership Corporation North Carolina Section: 3 Fifth Revised Page 2 Effective: April 4, 1990

## 3. BASIC FLAT RATE EXCHANGE SERVICE (cont.)

## 3.2 Local Exchange Service Rate Components (cont.)

## 3.2.3 (cont.)

- (f) Both fully rated "main" services associated with bridged service.
- (g) Toll terminals, toll stations and inward WATS access lines terminated in telephone instruments, PBX, Centrex, key systems, etc.
- (h) Lines service interconnected arrangement which are terminated in telephone sets, PBX, key systems, etc.
- Outward WATS terminated in telephone sets, PBX, Centrex, key systems, etc.
- (j) Each PBX, Centrex, key system, etc., trunk or line (inward, outward and two-way) connecting said equipment to central office switching equipment; also includes trunk or line serving interconnected systems.

## 3.2.4 Authorization

Local exchange rates are authorized by the board of directors subject to approval by the Rural Electrification Administration and North Carolina Rural Electrification Authority.

## 3.3 Extended Area Service Rate Components

(M)

#### 3.3.1 General

The extended area service rate components are applied on the basis of the effective combination of the home exchange rate group and the calculated rate group addition of the total number of exchange access lines, private branch exchange trunks and other equivalents access via the extended area service arrangement(s) coupled with the associated accumulative inter-exchange mileage.

## 3.4 Monthly Exchange Rates

## 3.4.1 Local Exchange Rates

The rates specified herein with the Extended Area Service Charge, where applicable, entitle subscribers to an unlimited number of messages to all stations bearing the designation of central offices within the serving exchange and additional exchanges having EAS connection.

(M)

Material shown on this page (M) was previously shown on Page 3, Section 3.

(C)

## **GENERAL EXCHANGE TARIFF**

Star TelephoneSection: 3Membership CorporationNinth Revised Page 3North CarolinaEffective: July 1, 2014

- 3. BASIC FLAT RATE EXCHANGE SERVICE (cont.)
  - 3.4 Monthly Exchange Rates (cont.)
    - 3.4.1 Local Exchange Rate (cont.)
      Exchange: Abbottsburg, Coharie, Cypress Creek, Harrells, Herring, Kelly, Lisbon, Six Runs, South River & White Oak

Individual Residence: \$17

Individual Business (Non-key): \$22

(C) – Change

(C)

Attachment - Line 1210

#### GENERAL EXCHANGE TARIFF

Star Telephone Membership Corporation North Carolina Section: 3 Third Revised Page: 3A

Effective: December 4, 2007

## 3. BASIC FLAT RATE EXCHANGE SERVICE

#### 3.4 MONTHLY EXCHANGE RATES

#### 3.4.1 MONTHLY EXCHANGE RATES (Cont'd.)

#### Second Line Service

Second Line Service is a secondary line service in addition to a customer's primary Local Exchange service. Second Line service receives all the features and benefits of a customer's primary service at a reduced Local Service rate. Second Line service offers the benefits of a unique phone number for family members to make and receive additional voice calls, the addition of a fax machine, security system or dial-up data line.

Certain restrictions apply. Second Line service is available to Residential customers only. Additional charges for taxes, fees, toll calls, Directory Assistance, and Operator Services. Second Line service is not compatible with Life Line social service rate customers.

Exchanges: Abbottsburg, Coharie, Cypress Creek, Harrells, Herring, Kelly, Lisbon, Six Runs, South River, White Oak

Individual Residence: \$5.00

N

N

N - New Text

Star Telephone Membership Corporation North Carolina Section: 3 Third Revised Page 3B

(C)

Effective: December 02, 2016

#### 3. BASIC FLAT RATE EXCHANGE SERVICE (cont.)

#### 3.4 Monthly Exchange Rates (cont.)

## 3.4.2 Lifeline and Tribal Link-Up Program

of Programs

A. Description of Programs

Lifeline service is a federally administered program providing a monthly discount to qualifying low-income consumers for voice telephone service or broadband service.

Tribal Link Up service is a federally administered program providing a discount to the customary charge for commencing telecommunications service to a qualifying consumer on Tribal lands.

## B. Program Eligibility

In order to be eligible for assistance, a consumer must meet the eligibility requirements as set forth in Commission Rule R9-6 and 47 C.F.R. Part 54, Subpart E, of the Federal Communications Commission's rules.

#### C. Verification of Eligibility

The method for verification of the eligibility criteria set forth in (b) above shall be a national eligibility verifier. Until the national eligibility verifier has been established to verify eligibility in North Carolina, the verification method will be self certification by the recipients of the eligible programs.

## D. Support

The monthly recurring and one-time connection discount provided to consumers through the Lifeline and Link Up programs is set forth in 47 C.F.R. Part 54, Subpart E, of the Federal Communications Commission's rules.

(C)

## (C) – This information has been changed.

Star Telephone Membership Corporation North Carolina Section: 3
First Revised Page: 3C

Effective: January 20, 1998

#### 3. BASIC FLAT RATE EXCHANGE SERVICE

#### 3.4 MONTHLY EXCHANGE RATES

## 3.4.2 INTERSTATE SUBSCRIBER LINE CHARGE WAIVER AND MATCHING PROGRAM

## b. APPLICATIONS AND REGULATIONS (Cont'd)

(M)

(C)

(C)

## (3) Verification Procedures

The cooperative will reconcile and confirm eligibility semi-annually by providing the agency involved with a computer tape (directly or through a third party) of all waiver recipients. The Department of Human Resources will compare this listing with their files of Supplemental Security Income, Food Stamps, or a current participant in Work First or Temporary Assistance for Needy Families recipients and provide the cooperative a list of names of persons no longer eligible for the waiver. The cooperative will then remove the waiver from those customers' records.

(Reserved Space for Future Changes)

C – This information has been changed.

M – Material shown on this page was previously shown on original Page 3B, Section 3.

Section: 3A Star Telephone

Third Revised Sheet: 1 Membership Corporatioin North Carolina

FEB 22 1985 Effective:

#### APPLICATION OF RATES FOR BUSINESS AND RESIDENCE SERVICE

## A. GENERAL

Determination as to whether subscribers' service (as distinguished from public and semi-public telephone service) shall be furnished at business or residence rates is based on the character of use to be made of the service.

#### BUSINESS RATES APPLY AT THE FOLLOWING LOCATIONS:

- In offices of hotels, halls and offices of apartments houses, boarding houses where business listings are employed, quarters occupied by clubs and fraternal societies, except as modified under C-4, in schools, hospitals, libraries, churches and other institutions.
- 2. At residence locations, where the place of residence is adjacent to a place of business and is connected thereto, and it is not evident that the telephone located in the residence is to be employed primarily for domestic use.
- 3. At residence locations where an extension station or extension bell is located in any place where business rates would apply under the provisions of this tariff-shop, office, or other place of business.
- 4. At any location where a business designation is provided or when any title indicating a trade or professions is listed, except as modified under C-3.
- At any location where the subscriber advertises the telephone number for business purposes via billboards, signs, newspapers, radio, television, vehicle, and business cards.
- 6. At all other locations where the subscriber's primary use of the service is for business purposes.

#### RESIDENCE RATES APPLY AT THE FOLLOWING LOCATIONS:

- At private residences where business listings are not employed.
- 2. At boarding houses, except as modified under B-1, and private apartments in hotels where service is confined to the domestic use of the subscriber, and business listings are not employed.

Star Telephone Membership Corporation North Carolina Section: 3A

Third Revised Sheet: 2

Effective:

FEB 22 1985

#### APPLICATION OF RATES FOR BUSINESS AND RESIDENCE SERVICE

- C. RESIDENCE RATES APPLY AT THE FOLLOWING LOCATIONS:
  - 3. At the place of residence of a clergyman, physician, nurse, midwife, dentist, veterinary surgeon, or other medical practitioner or Christian Science practitioner, provided the stations are not installed in the portion of the subscriber's residence which is used an an office, but are located in the subscriber's domestic establishment, and provided no business designation is employed. Abbreviated titles such as "Rev.", "Dr.", "Judge", "Professor" are not considered business designations.
  - 4. In college fraternity houses where members of the fraternity lodge, or lodge and board, with the house.



Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in programs, such as food stamps, Medicaid, the national school free-lunch program, Section 8 housing or supplemental security income, or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

This "universal service" support includes:

- -Lifeline assistance that provides discounts for basic monthly local telephone service
- -Toll Limitation Service that allows you to control your long-distance charges
- -Additional discounts for eligible consumers living on tribal lands

For more information, or to find out if you're eligible to receive a discount, contact your local department of social services or Star Telephone.

Los legisladores federales y estatales consideran que toda persona en los Estados Unidos deberían tener acceso a un servicio de telecomunicaciones de calidad, a un precio accesible. De hecho, han creado un sistema para lograrlo.

Si participa en programas, como cupones para alimentos, Medicaid, el programa nacional de almuerzos escolares gratis, el ingreso de seguridad suplementario o para vivienda en virtud de la Seccion 8, o si su ingreso familiar esta por debajo de un determinado nivel, es posible que reuna los requisitors para obtener un descuento en su factura telefonica.

Esta ayunda de "servicio universal" incluve:

- -Asistencia Lifeline: proporciona descuentos mensuales en el servicio telefonico local
- -Servicio de tarifa limitada: le permite controlar los cargos de llamadas de larga distancia
- -Tambien hay descuentos adicionales disponibles para los consumidores elegibles que vivan en territorios tribales.

Para obtener mas informacion o averiguar si es elegible para recibir un descuento, entre en contacto con su departamento local de servicios sociales o Star Telephone.

# ATTACHMENT - LINE 3026 ATTACHMENT REDACTED IN ENTIRETY